

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP

V\$ A15 (4) 15M 10/57

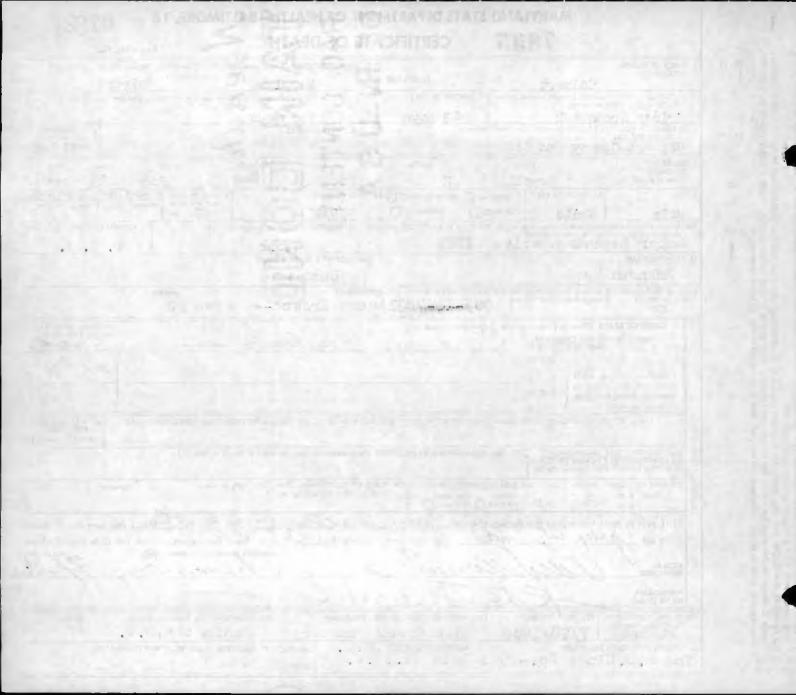
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7095

CERTIFICATE OF BEATH

07821

John S. Kraus

	10	0+1	CENTI	IICAI	E OI DEA	1111		Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY	Calvert		MARYI	11	USUAL RESIDENCE	(Where decease	ed lived. If institut b. COUNTY		nce befo	re admi	ssian)
b. CITY OR TOWN (f outside corparate lim	ils, write	c. LENGTH OF STAY	IN 1b			orote limits, write I	-	-	prest tov	en)
Prince Fr			23 days		March	omons					
d. NAME OF HOSPIT	AL (If not in hospital, g		Prof. Spilled, F. But		d. STREET ADDRES	77.00				ON	ESIDENCE A FARM?
	ounty Hosp:		The second secon		4			1	1	YES [□ NO 🖺
3. NAME OF DECEASED (Type or print)	Howe		Middle .		Broach	4. DATE OF DEATH	Moi	July	2		1960
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIE	0 0 8.1	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDE			DER 24 HRS.
Male	White	WIDOWI	ED DIVORCED		3/9/93		67 yrs.	Months	Doys	Hours	Min.
Labor Re	ON (Give kind of work king life, even if refired Presental)	KIND OF BUSINESS OF	R INDUSTR			country)	12. C			T COUNTRY
13. FATHER'S NAME	pr ou orroa	7110	22211		14. MOTHER'S MAID	exas			Ue	S. I	10
Unknown					Unkno						
	Diblin C April D FOR	eren l.	40 Ct.) 00 Ct. 01 Ct.	1.7		MII					
15. WAS DECEASED EVE (Yes, no. or unknown)	(If yes, give wor or doles of i		065-16-78	3LAr		ch	Same #2	lress			
18. CAUSE OF DEA	TH [Enter only one co	pyse per lju	perfor (o), (b), and (c).		10				INT	ERVAL B	ETWEEN
	TH WAS CAUSED BY:		march		Hamut	2000			ONSET AND DEATH		
11.31	IMMEDIATE CAUSE (c			7					-	200	1
Candilions, if o									(2	3 -	colos
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lying couse lost.						· V					
	J (c		CANTRIBUTING TO DEA	THE BUILT AND	T DOLL THE TO THE	PRINCIP DIFF.	er countries			0 11110	
PART II. OTH	TER SIGNIFICANT CON	באטנוזטוז <u>כ</u>	CONTRIBUTING TO DEA	TH BUT NO	OF RELATED TO THE I	ERMINAL DISEA	SE CONDITION GIV	VEN IN PA	RT 1(o) 1	PERF	ORMED?
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter nature of injur	y in Part I or Pa	rt () of item 18.]				
20c. TIME OF INJUR	Y Month, Day, Ye		NJURY OCCURRED	20e. PLACE	OF INJURY (Home,	form, 20f. (Cit	y or town)		(Counly)		(State)
Hour o, m.	19	While of work	Not while	factor	y, street, affice bldg.	, elc.)					
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7 1	at lattended the	decease	ed from	7	. 19.00 to	1 full	, 190	That I	last so	w the	e deceased
alive an	my os	199	and that	death a	ccurred at		m the causes of		the da	te stal	red abave
	12,	//	1 9	2	/<	ADDRESS	Street, city or town,	stetel		-	ATE TIGHE
SIGNATURE	Min	11/	ances	M.D) X I	emor	1		12	125/6
PHYSICIAN'S NAME (Type)	F	de	-Vice	92	2015		-				7
220. BURIAL, CREMATIC	N, 226. DATE THEREC)F	22c. NAME OF CEME	TERY OR C	REMATORY	72d. LOC/	ATION (City, town,	or countyl		(Sto	rie)
REMOVAL (Specify)	7/28/19	960		-	Ceme tery		hing to n			1310	
23. FUNERAL DIRECTOR				sh.D	71	REC'D BY REGIS		STRAR'S S		RE	
The S.H.H	Hines Co.	-290	1 14th St	. , N.	W.		.00	Tuends.			

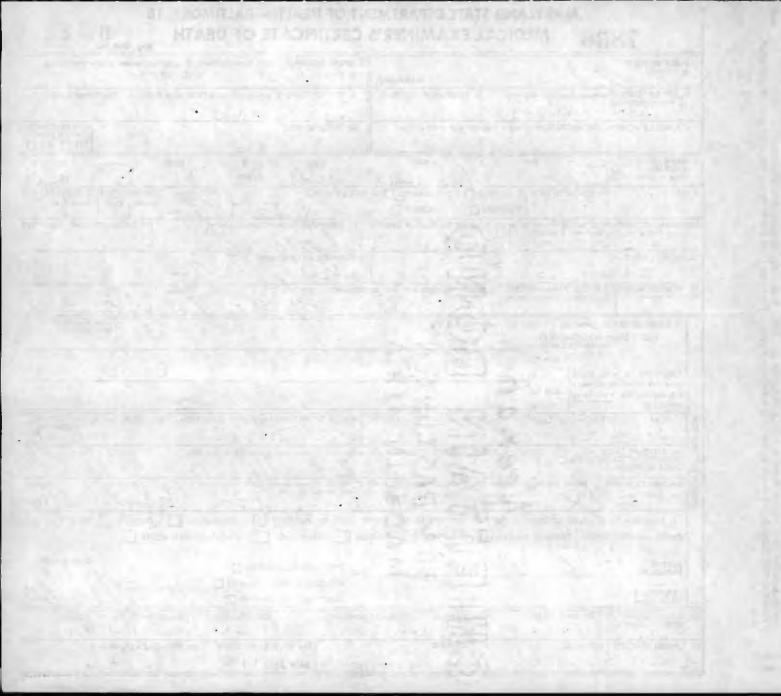


MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7836 Reg. Dist. No 2. USUAL RESIDERCE/Where deceased lived. If Institution perfense before admission) PLACE OF DEATH a. COUNTY G. STATE b. COUNTY MARYLAND buriof, BARITY OR TOWN HE OUTER c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) registror prior ON A FARM? YES NO F NAME OF 4. DATE Month DECEASED OF DEATH (Type or print) 9. AGE (In years 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIES TO 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS Months WIDOWED [7] DIVORCED [7] yrs. 100. DSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, during most of working life even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? arive Pe-YOU 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages 5 r 15. WASIDECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Iff yes, give war or dates of service Give 18. CAUSE OF DEATH [Enter only one cause per liget for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, If one, which gove rise to immediate cause prolo **DUE TO** (o), stating the underlying couse lost used as a ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO UND TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPS PERFORMED? NO 20g. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED tentes notice of injury in Part Low Port II of item 18.1 PRIMARY DE CONTRIBUTING CAUSE OF DEATH. should Month, Day, Mor 20d. INURY OCCURRSO 209 PLACE OF INJURY (Home, form 20f. (City or town) (Sjole) While Not while at work at work forwarded to the Chief Medi TO FUNERAL DIRECTOR: Page 21. I certify that I took charge of the remains described above, held an Autapsy 11. Inspection . Inquiry and find that death resulted fram: Natural causes . Accident . Suicide . Aamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 224_LOCATION (City, town, or county) (Slote) REMOVAL (Specify) 23. BUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUL 1 4 '60 Carina S. Krouge 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ogistrar within 72 hours after death. After by the funeral director, the third coar, of

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the altending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 7837

07823

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEMBED
COUNTY COUNTY MANYLAND	STATE COUNTY COUNTY
CITY (If outside corporate lights, write RUPAL LENGTH OF STAY (in this place)	OR (it outside corporate limits, write KURAL and since polarest lown)
OR and ove naerast low [in this place]	TOWN Homen Strue
HOSPITAL OR	STREET (If rupal give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF //First/) (Middle)	(Las) 4. DATE (Month) (Day) (Year)
DECEASED ////	1/- · OF - /- / D
(Type or Print) Cheff Curry Nom	PAMEL DEATH / 2 1960
5. SEX 6. COLOR OF 7. SINGLE, MARRIED 80 DATE WIDOWED CLYDYCED 80 DATE	OF BIRTH 9. AGE last birthdey IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
(Spacify)	721.1311 88 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	1). BIRTHPLACE,(Stala or foreign journey) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	2COUNTRY?
13. EATUR'S NAME	14. MOTHER'S MAIDEN NAME
11 - 11	***
Charle Human	Unterson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes moder unk.) (lifter try yer or detail precycle)	Carl Hamber
18ª MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I DESEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE IAI CALCINO VIA	tola- Much Orsen 197
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
STATING CHOSE DAST. (C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	14 11
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	weeken 6 days
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20, AUXOPSY 2
	YES NO
21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Steta)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21E. HOW DID INJURY OCCUR?
M. et work st work	
	1000 Mach/12 1000 1111111111111111111111111111111
	1965 to 12, 1900 that I last saw the deceased
	20.7.M, from the sauses and on the date stated above.
SIGNATURE)	ADDRESS (Street, city, Apwn, state) DATE SIGNED
Mr Ward M.D.	Jumes 000 1112/80
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF	CREMATORY LOGATION (City, town, or county) (Stata)
	amily Lot Bassaway - W. Surgina
24. REC'D BY REGISTRAR V/REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
JUL 15 '60 1 12 12 18 Hours	Q. B. Harkeyer & Sol - Mutual, Med.
DATE	of it it iterrefered to and - i waterest ind.

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. INSTRUCTIONS

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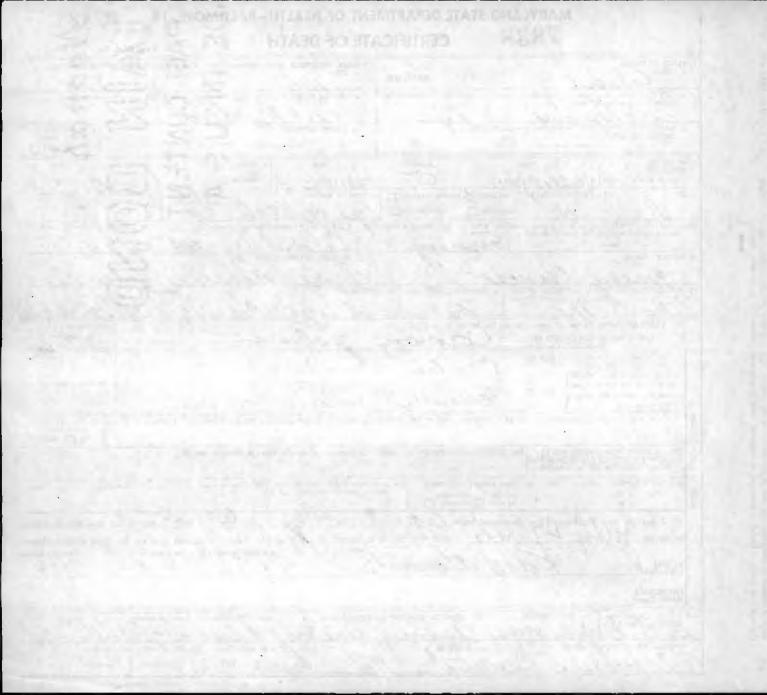
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7838

CERTIFICATE OF DEATH

07824

					Keg. Dist. No.	***
1. PLACE OF DEATH	west	MARYLAND	2. USUAL RESIDENCE (When o. STATE	e deceased lived. If inst b. COUI	titution: Residence before	admission)
RURACIONE gire	Tepublic	c. LENGTH OF STAY IN 16	c. CITY OR TOWN III out	side corporate limits, wri	ite RURAL and give near	est town)
OR INSTITUTION	ITAC (If nat in haspito), give street	address)	d. STREET ADDRESS		e	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Washington	Middle	Hance	OF DEATH	Month Day	Yeor 1960
s. sex	W WIDOW		8. DATE OF BIRTH Op. 17, 18	76 S4	oy) Months Doys	Hours Min.
during mast of we	ION (Give kind of work done 10b. rking life, even if retired)	KIND OF BUSINESS OR INDU	Calocal	Ca. Me	1. 12. CITIZEN OF	WHAT COUNTR
3. FATHER'S NAME	y Stance	, 0	MOTHER'S MAIDEN NA	Telegra	Seden	ick
(Yes, no, or unknown)	EPIN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	Lloyd	Hanse.	Address)	disid k
	ATH [Enter only one couse per li ATH WAS CAUSED BY: IMMEDIATE CAUSE [o] DUE TO Only, which	Couracy Cerebral	Thinhari	m_	INTER	VAL BETWEEN TAND DEATH
gave rise to cause (a), stoling lying cause last.	the under-	Energy	arleres &	cleure	2	
PART 11. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION		WAS AUTOPSY PERFORMED? YES NO D
G FILE ETHER, NOTE	AS UNDERLYING COST COST COST COST COST COST COST COST	CRISE HOW INJURY OCCURRE	D. (Enter nature of injury in Par	t I or Part II of item 18.)	
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yeor 20d. 1 While pt wor	Not while fa	ACE OF INJURY (Home, form, ctory, street, office, bldg., etc.)	20f. (City or town)	(County)	(Stole)
21. I certify that attended the deceased from Lefful 19 to file 2 1909, that I last saw the deceased alive an May 1960, and that death accurred at May from the causes and an the date stated abave. ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ADDRESS (Street, city or town, state) DATK SIGNED						
PHYSICIAN'S NAME (Type)						/
PEROVAL (Specify	July 291960	22c. NAME OF GEMETERY O	lemetery	Ansstar	w-Calrest	(Signe)
29. FUNERAL DIRECTOR	CALLY JON	Musterel of	DATE AUG	= 100	CATHUR S. Kram	



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O HONT OR ATTENDING PHINING AND INCIDENT REQUIRES that the death certificate be executed within 24 to other death of the control of the contr		O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplately filled in by the fun	page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld
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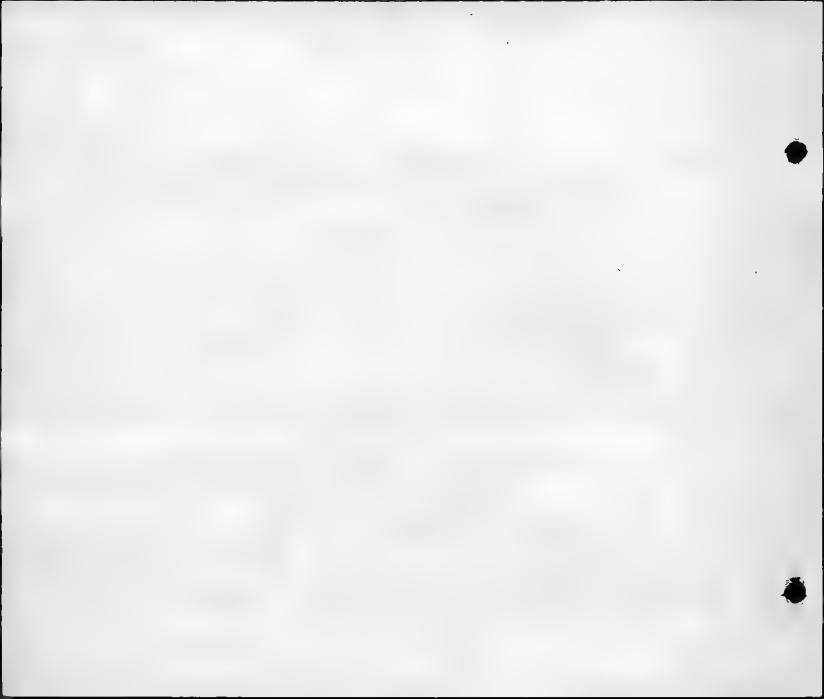
MARYLAND STATE D				ORE, 18	0782	35
7839 CE	RTIFICA	TE OF DEATH	1	Reg.	Dist. No.	
1. PLACE OF DEATH O COUNTY Cabrest	MARYLAND	2 USUAL RESIDENCE (WHO STATE		If institution Resi	dence before adm	ission)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest toys)	STAY IN 16	c. CITY OR TOWN (III o	rulside carparate lin	nts, write RURAL o	nd give negrest to	wn}
d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION		d STREET ADDRESS			ON	A FARM?
(Type or print) James &	Middle J.	tast	4. DATE OF DEATH	Manth	2 5-	Year 1962
	VORCED 6	apr. 11, 18	74 % Kost	(In years IF UNI birthday) Month	Days Hour	DER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of weating life, even if retired)	ard	Cabert	Co, 71	ref 12	21. S. 4	T COUNTRY
James E. Joy		marthu	- ann	Park	er	
	8401 1	Delma S	ry- C	lines	· Inc	1
18. CAUSE OF DEATH [Enter only one couse per line for (c). (b), on PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	nd (c)]	hrombas	6		INTERVAL I	
Conditions, if any, which) (b) Clalence,	Joles &	Fire, C.V	dise	101-		
gave rise to immediate cause (a), stating the under-tying cause last.						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	TO DEATH BUT N	NOT RELATED TO THE TERMI	NAL DISEASE CONT	TITION GIVEN IN P	PERF	AUTOPSY ORMED?
OR CONTRIBUTING II CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URY OCCURRED	(Enter nature at injury in I	Part I or Part II of i	em 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRE Hour a. m. p. m. 19 While at work at work	D 20e. PLAG	CE OF INJURY (Home, form ary, street, affice bldg., etc.	20f (City or low	n)	(County)	(State)
21. I certify that I attended the deceased from. Z	that death	19/1, to 7	200		I last saw the	
ACTUAL SIGNATURE SALE SIGNATURE	M		ADDRESS (Street, cit	causes and an	ineradie sta	ATE SIGNE
PHYSICIAN'S PAGE (Type)		PR4	VAE Z	ZALDE	RICA	
Turel July 28, 1960 OL	CEMETERY OR	emeliny	Olivet	ty, tays, or count	te - 220	1
13 EUNERAL DIRECTOR'S SIGNATURE TON - MADDRESS - MACHINE TON - MACHINE T	rutus	D, Man DATERI	2 8 '60	24b. REGISTRAR'S	SIGNATURE	



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	7840 CERTIFICATE OF DEATH Reg. Dist (N7826)
M	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where accessed lived If institution Residence before admission) b. COUNTY MARYLAND
	RURAL and give nearest town) AURE THE STAY IN 16 C. LENGTH OF STAY IN
À	NAME OF HOSTITUTION in hospital give street address) Of INSTITUTION OF HOSTITUTION OF HOSTI
	3. NAME OF DECEASED (Type or print) Control of DEATH Day Year 1960
	5. SEX 6 COLOR OR RACE MARRIED NEVER MARRIED 18. DATE OF BIRTH 1876 AGE (In years lif under 14 HRS. Months Days Hours Min.
after death.	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) HOUSEUS ST
	Franke F. Whittington Sand T. Chaney
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT [I'V No. or unknown] (I'V yes, give wor or dates of service) — WRS LIMB PAYKS, DEd /e, Md
t within	1B. CAUSE OF DEATH [Enter only one comp per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY Quick Vascular and discount of the composition of the compo
in ony even	Conditions, if any, which) (b) Herry classes.
and in o	gave rise to immediate couse (a), stating the under-lying cause last.
ovot, 9	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sigma \text{NO} \sigma \)
or ren	20a. ACCIDENT WAS UNDERLYING COURTED (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
emotion	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not Maile at work of work of work.
buriol, cr	21. I certify that I attended the deceased fram Muse, 100 to fully 1960, that I lost sow the decease alive on Muse 30, 1960, and that death accurred at 114. Att from the couses and an the days stated above
2	ACTUAL SIGNATURE M.D. ADDRESS (Street, city or town, state) ATE SIGNATURE
the registror pr	PHYSICIAN'S NAME (Type) Ulif
the registror prior	220. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE DATE HILL 8 '60 CALLAN & KNOWN

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			page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with	the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death
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TO HOSPIT OF ANTENDING BIT ICLAN: The law requires that the direct be exacuted within 24 to differ death. Page 4	may be reared by the haspital or attending physician.	TO "UNERAL " COR: After this certificate has been signed by the ottending physician and completely filled in by the funeral disperse.		

VS A15 (4) 15M 10/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7841 CERTIFICATE OF DEATH

Reg. I	Dist.	Nd	17	R	برا	7

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)				(mission)	
Cal	vert	MARYLAND	Maryland b COUNTY Charles				
b CITY OR TOWN (If a RURAL and give near	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		imits, write RURAL o	nd give nearest	town)
Prince Fre		11 days	La Pi	lata			
	L (If not in hospital, give street	oddress)	d. STREET ADDRESS	-	7 .	e. IS	RESIDENCE
	vert County Hos	spi tal			X-		S X NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Yeor
(Type or print)	Nary	Ellen	Matthews	DEATH	July	3.3	1960
5 SEX	6. COLOR OR RACE 7 MARE	NEVER MARRIED	8. DATE OF BIRTH	9 AC	GE (In years FUNI	DER TYEAR IF U	NDER 24 HRS
Female	White WIDOW	- 1	UNK -		Bl yrs Month	15 Days Ho	ours M n
100. USUAL OCCUPATION	(Give kind of work done 10b	KIND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (Stot	te or fareign country) 12	CITIZEN OF W	HAT COUNTRY
Retived	[' i)	.S. Govt	MAR	VIANA		U. S	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		Ue S	•
Tama	s F. Matthews		Winter	ia Brent			
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17,	INFORMANT	ra Dreiin	Address		
(Yes, no or unknown) (16 No	yes, give wor or dates of service)	77-03-7250 4	AURA MATT	HEWS,	PlATA.	nal	
	H [Enter only one couse per lii	ne for (a) (b) and (c)]			TIATA	/Vid.	L BETWEEN
PART I. DEATH	A MAKAR CALIFFE DV					ONSET A	ND DEATH
	MMEDIATE CAUSE (6)	ardio-vascula	r renal disea	ise que to	2	2.3	years
Conditions if one		betes					
Canditions, if any gove rise to im-	mediate	the tes					
couse (o), stoting th							
Z Presili OTHE) (c)	CONTROLLING TO CONTROL	T 1100 001 1200 TO THE TOTAL				
PART II OTHE	R SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	I NOT RELATED TO THE TERA	MINAL DISEASE CON	NDITION GIVEN IN F	'ART 1(0) 19 W	REORMED?
<u> </u>						YES	□ NO 🔼
OR CONTRIBUTING E	UNDERLYING [] 206 DESC CAUSE OF DEATH EDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port II of	item 18.)		
20c. TIME OF INJURY Hour o. m.	Month, Doy, Year 20d. If	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, for	m. 20f. (City or to	wn)	(County)	(Stole)
Hour o. m.	While of world		octory, street, office bldg., et	lc.)			
		-	2060	E-2- 7.7	60		
	t I attended the decease		, 19.60 , ta	TO THE STATE OF TH	, 19.Q\Z_,that	I last saw t	the deceased
alive an	12	.00, and that deat	h.accurred all:15			the date s	
ACTUAL	1/1/00	2	**	ADDRESS (Street, o	,		DATE SIGNED
SIGNATURE	7000		M.D. Huntingto	wn, Maryl	land	1/	T5/90
PHYSICIAN'S NAME (Type)	eorge J. Weems	M. D.					
220. BURIAL, CREMATION	226. DATE THEREOF	22c NAME OF CEMETERY	OR CREMATORY	22d LOCATION	(City, town, or count	γ) (Stote)
SEMOVAL (Specify)	7-14-60	StIgNI	etivs	Rel	Alton	MN	.,
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	24o. REC	D BY REGISTRAR	246 REGISTRAR'S	SIGNATURE	*
The HUNG	t Fineralt	Home, Waldon	Med. DATE	JUL 15 '60	4 mil	1 & Kines	



1SM 10/57

7842 **CERTIFICATE OF DEATH**

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

IF MANDER TYEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSEF AND DEATH

> PERFORMED? YES NO NO

> > (Stole)

DATE SIGNED

(Stote)

(County)

9 '60

tideen

Months

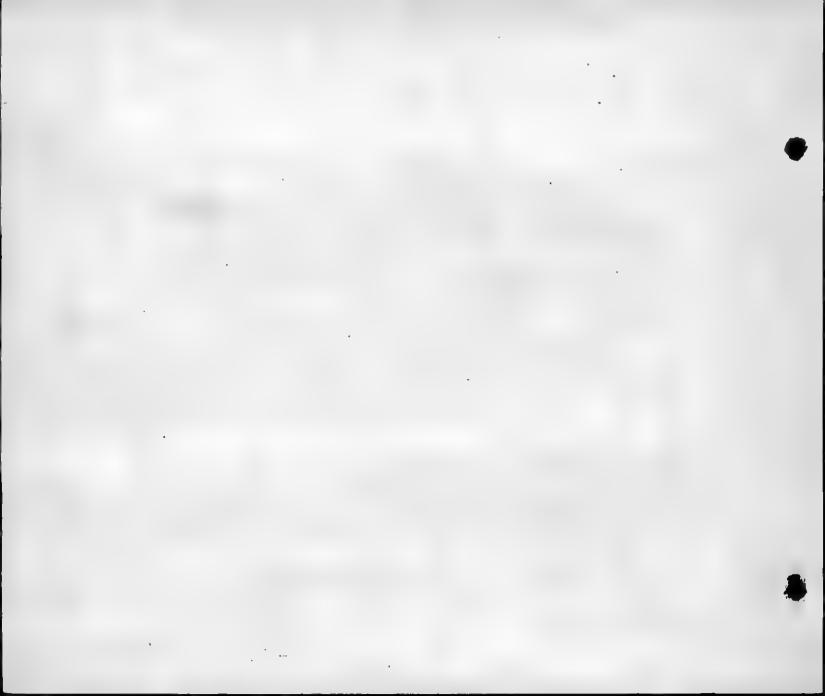
e IS RESIDENCE

ON A FARM? YES NO IN

1960



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8 6	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Plat. No. 829
Sport of the sport	1. PLACE OF DEATH o. COUNTY Calvert MARYLAND 2. USUAL RESIDENCE (VANCOUNCED described lived. If institutions Residence before admissions) o. STATE D. COUNTY Calvert MARYLAND
Page burial.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ctor.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \[\] NO \[\]
your fill	3. NAME OF DECEASED (Type or print) OT THE SOUTH RESULT DEATH 1960
a the for	5. SEX 9 6. COLOR OR RACE 7. MARRIED NIVER MARRIED 8. DATE OF BIRTH 9. AGE (In search Months Doys Hours Min.)
ond 3 th	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, EXPTHENCE (State of areign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
all, 2, sea lor	13. FATURE'S NAME Worland Cook Setucia Moreland
Poge File pog	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 MFORMANT Registroum) 19 year, give wor or doing of services 16. SOCIAL SECURITY NO. 17 MFORMANT Registration of services 16. SOCIAL SECURITY NO. 17 MFORMANT Registration of services 16. SOCIAL SECURITY NO. 17 MFORMANT Registration of services 16. SOCIAL SECURITY NO. 17 MFORMANT Registration of services 16. SOCIAL SECURITY NO. 17 MFORMANT Registration of services 16. SOCIAL SECURITY NO. 17 MFORMANT REGISTRATION OF SERVICES 16. SOCIAL SECURITY NO. 18 MFORMANT REGISTRATION OF SERVICES 16. SOCIAL SECURITY NO. 18 MFORMANT REGISTRATION OF SERVICES 16. SOCIAL SECURITY NO.
18. Germit.	18. CAUSE OF DEATH [Enier only one cause per line for (a), (b), and (c].] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH, ONSET AND DEATH,
in lime in formant promit p	DUE TO Conditions, if any, which)
pencil i	gove rise to immediate cause (o), stating the underlying couse lost. (c)
Office of as a	PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
pend ipend i pe ox	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)
3 should	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, Pum, Pum, Pum, Pum, Pum, Pum, Pum, Pu
Meding t	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that
O Si K	death resulted fram: Natural causes Accident . Suicide . Homicide . Undetermined couse .
Do the Co	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
	EXAMINER'S NAME (Type) ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 7/9/60
orworded FUNERA FUNERA	220/ BURIAL) CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
5,50	REMOVAL (Specify) 7-11-60 CONTON FRIENDS LIVE SHIP A. Md. 23. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS 249. REC'D BY REGISTRAR 249. REGISTRAR SIGNATURE
S. A15ME(5) 5M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR 3 SIGNATURE DATE JUL 13'60 CHARLEST THE SIGNATURE

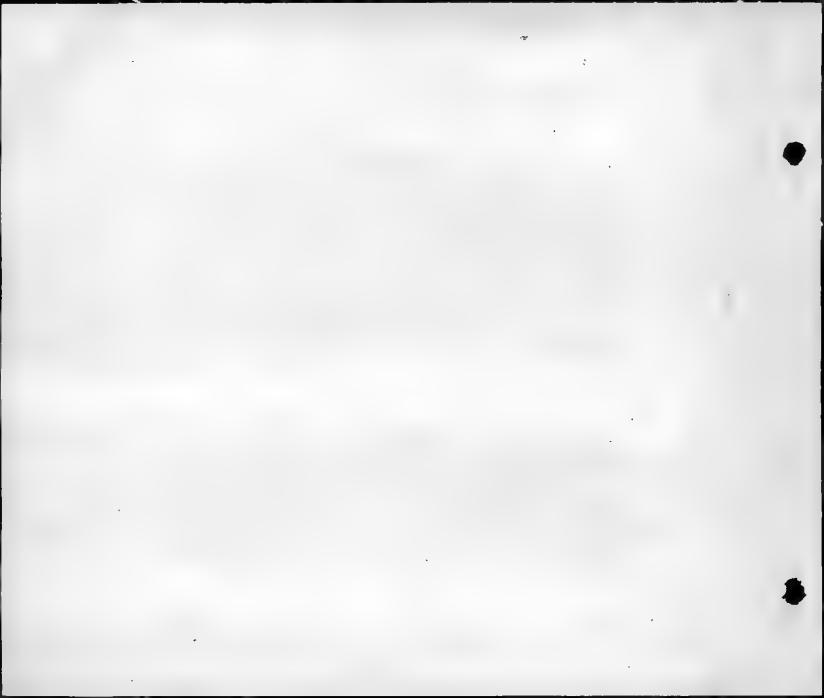


VS A15 (4) 15M 10/57

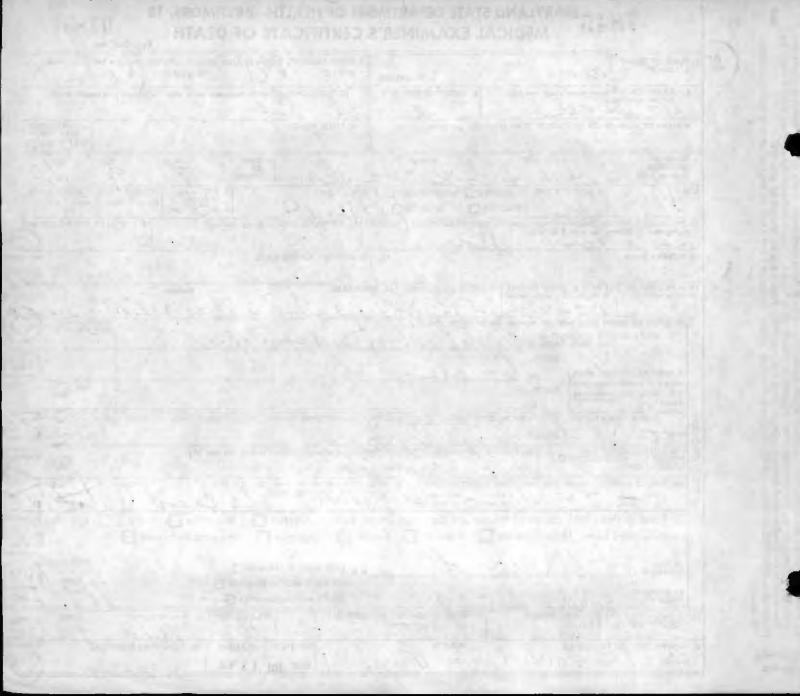
I

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTI	MORE, 1
1044	CERTIFICATE OF DEATH	

		7844 CERTIFIC	ATE OF DEATH	(17831) Reg. Dist. No.
1)	1.	COUNTY CALL MARYLAND	2 USUAL RESIDENCE (Where devosed lived.	COUNTY Revience before admission
/		CITY OR TOWN (If 100's de corporate limits, prite c. LENGTH OF STAY IN 16	c. CITY OF TOWN (II OUT TO CORPORATE AND COR	The state of the s
		or INST TUTTON OF MOSPITAL (If not in hospital, give street address of the control of the contro	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	L	NAME OF DECEASED Type or print) Type or print)	4. DATE OF DEATH	Month 10 Year 1960
	5.	WIDOWED DIVORCED	11/0/20 10/	Months Doys Hours Min
	1	USUA. OCCUPATION (Give kind of work done of time most of working life, even if retired)	Ma	12 CITIZEN OF WHAT COUNTRY
\	2	EATHERY NAME	14. MOTHER'S MAIDEN NAME	nes
A Part of the Part	(Ye	no organisms Ill yes, give wor or dates of service) 215-38 7176	Olice Fronth.	Ches expecte Beach
		18. CAUSE OF DEATH [Enter only one couse per line for (o). (b) and (c).] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o).	ruck	INTERVAL BETWEEN
¥		Conditions, if any, which gove rise to immediate (b)		
	Z	lying couse logs. Column	IT NOT BELLTED TO THE TERMINAL DISPASE CON	DITION CHEEL IN BART AND IN MAC ALITOPEN
	IFICATION	Steroun from finely	ED (Enter nature of injum in Part I or Port II of i	PERFORMED?
	CAL CERT	OR CONTRIBUTING CAUSE OF BEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	LACTOF INSURY (Home, form), 201 (City or Jew	
	MEDICAL	Hour Mour Mile Not while of work of work	ferficial H	me public Ind
,		21. I certify that I attended the deceosed from alive on, and that deat	h occurred at 2 M, from the	., 19that I last saw the deceased causes and on the date stated above
		ACTUAL HWW Ward V. WZ	MD. Day Mag	ty or town, state) / DATE SIGNED
	220	PHYSICIAN'S NAME (Type) BURIAL (CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY (
1		BURIAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OF THE STATE O	ronds Surve	Confound (Stote)
*		P. E. Seevell, Rince Tre	DATE JUL 21 '60	246 REGISTRAT'S SIGNATURE CIrcling S. Kraus



1 2	7845 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18		
48 = 1	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH		
atio oild	Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE OF DEATH 1. PLACE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE OF DEATH 1. PLACE OF DEATH 1. PLA		
should be cremation.	o. COUNTY Calvert MARYLAND O. STATE b. COUNTY OF	le de la	
Poge buriol,	b. CITY OR TOWN A outside corporate limits write RURAL ond give m	nearest town)	
or.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE	
Trie A		ON A FARM?	
ny de neral your egistro	3. NAME OF DECEASED (Type or print) Chester Light Rive Western DEATH Day	1960 1960	
h. If of the further the form	5. SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED 8. DATE OF BRITA (ayfolyhody) Months Days	IF UNDER 24 HRS. Hours Min.	
er deoth ond 3 to e retains id 2 with	10g USUAL OCCUPATION (three kind of work done 10b. WIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (State or foreign country) (1 12. CITIZEN OF	F WHAT COUNTRY?	
may be	13. FATHER'S NAME	3/1	
0 200 0	Trank Weaver Queille Wear	ner!	
· = 8 * E	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dotes of service) 1942-1945-265-10-9794 Mes Phente Heaver Horts	to Beach	
8. G. PAK3.	18. CAUSE OF DEATH [Enter only one couse pay line for [ov (b), and (c).] PART I. DEATH WAS CAUSED 89:	EVAL BETWEEN	
ecute form sit pe	DUE TO TO	<u> </u>	
be ex with tron	Conditions, it only, which) (b) Comple		
hould penci along burial	gove rise to immediate couse (o), stoling the underlying couse lost.		
os a control of the state of th	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?	
rtiffice r's O	20b. DESCRIPTION OF PORT II of item 18.)	YES NO 🗵	
his ce	CAUSE OF DEATH.	90	
NER: This he word to col Exam 3 should	20c. TIME OF INJURY Month, Day, Year 2cd. INJURY OCCURRED 20e. PLATE OF INJURY (Home, form, 20f. (Fity or town) (Coverty)	Le FILLS	
AMII Ing fl Medi Poge		, and find that	
writi Writing OR: F	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined couse .	, 0.14 1114 11101	
FDICAL EX Froste, writ to the Chief DIRECTOR:	ACTUAL AFTICAL EVANISHED TO	DATE SIGNED	
5 2 -	SIGNATURE	7/1/10	
cute the forworded forworded FUNERAL	EXAMINER'S H. W. M. A. P. D. DEPUTY MEDICAL EXAMINER (3)	19/10	
cute the second forwarded	220. BURIAL CREMATION, 276 DATE THEREOF 22c NAME OF CEMETERY OR CREMATION 22d LOCATION (City, town, or country Demoval (Specify) 12. 19601 Matthews Com West Market	(Stole)	
VS. A15ME(5)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE	RE	
5M 9/55	Hulchist Fullrat Home Wiverforma DATE HU 13'50 Colleg & the	u.A.	



physician.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

WILDSOM IN AB-PITALEST TO THE WINDS OF A TATE CHALLY LAN I BAH CERTIFICATE OF DEATH . 4 1 1 1